

STATE OF MONTANA DEPARTMENT OF CORRECTIONS YOUTH COMMUNITY CORRECTIONS

AMENDED PAROLE CONDITIONS

YOUTH NAME:		
YOUTH RESI	DENCE:	DATE OF CHANGE:
PURPOSE/STATUS: CHANGE OF PREVIOUS STATU		
	☐ CHANGE OF PLACEMENT ☐ ADD NEW CONDITION(S)	
Initial	PROBLEM STAT	<u>rement</u>
(1)		
(2)		
(3)	COAL	
(1)		
(2)		
(3)		
AMENDED PAROLE CONDITIONS		
(1)	I agree to reside at the above-listed residence each day and night, and will not change this residence unless I have prior written approval from my Parole Officer to do so. I agree to abide by all rules and requirements set forth by	
(2)	my parents and/or other persons in authority at the above-listed residence. I agree to continue abiding by all previously-listed conditions in my Parole Agreement and any Amended Parole	
	Conditions that are not specifically affected by this change(s) today.	
(3)		
(4)		
PAROLE OFFICER RESPONSIBILITIES (If Applicable) (1)		
(1)(2)		
PARENTS OR YOUTH SERVICES PROVIDER RESPONSIBILITIES (If Applicable)		
(1)		
(2)		
I agree to abide by the amended parole conditions listed herein, as shown by my signature below.		
I understand that I may be returned to a youth correctional facility from which I was released if I violate any conditions of my Parole Agreement and/or any amended parole conditions.		
I understand that I have the right to a hearing before a Department Hearings Officer regarding any alleged violation that may result in my being returned to a youth correctional facility under Section <u>52-5-129, MCA</u> .		
YOUTH		DATE
JUVENILE PAROLE OFFICER DA		DATE
ATTORNEY		DATE
HEARINGS OFFICER		DATE

Copy: Youth, Attorney, Parents/Guardians/Custodians or their Representatives, Field File